Focus on Pharmacy First Service: Urgent Medicines Supply

Emergency supply of medicines under the Pharmacy First service must comply with the "emergency supply at the request of a patient requirements" outlined in the Human Medicines Regulations 2012.

General points to consider:

Referrals to the service

- Electronic referrals into this part of the Pharmacy First service can be made by:
  - NHS 111
  - Urgent and emergency care providers, e.g. urgent treatment centres and hospital emergency departments
- A referral from does not automatically indicate that an emergency supply is appropriate
- The decision to supply remains the responsibility of the pharmacist providing the service

Note: General practices cannot refer patients to this part of the service.

When an emergency supply may be appropriate

- You can make an emergency supply when the GP practice is open
- Patients should be advised to contact their GP practice if this is practically the most appropriate option to obtain their medication or appliance
- As with any request for an emergency supply, you must consider the best interests of the patient. An emergency supply may be appropriate where it is impracticable for the patient to obtain a prescription without undue delay, for example:
  - The patient is away from home
  - The GP practice cannot provide a prescription in time
  - The patient would otherwise miss doses before obtaining further medication

Quantity to supply

- Up to 30 days' supply of a Prescription Only Medicine (POM) may be supplied, except for:
  - Schedule 3 Controlled Drugs – only phenobarbital for the treatment of epilepsy (up to 5 days supply)
  - Schedule 4 Controlled Drugs (up to 5 days supply)
  - Schedule 5 Controlled Drugs (up to 5 days supply)
- Pharmacists should use clinical judgement to determine the minimum appropriate quantity required until the patient can obtain a prescription
- This may be less than the maximum quantity permitted in legislation

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Refusal and documentation

- If emergency supply is not considered appropriate, the patient should be:
  - Signposted to their GP practice; or
  - Escalated to the local Out of Hours (OOH) service where necessary – **Do not ask the patient to contact NHS 111 themselves**
- A clear clinical record should always be made, including:
  - Reason for refusal
  - Assessment undertaken
  - Advice given
  - Any escalation or safeguarding actions
- This supports compliance with GPhC standards and provides an audit trail for clinical governance purposes

Safeguarding considerations

- Pharmacists should consider safeguarding concerns where there are indicators of coercion, exploitation, neglect, substance misuse, vulnerability
- Any safeguarding concerns should be managed in line with local safeguarding procedures and appropriately documented. See information here: https://greatermanchester.communitypharmacy.org.uk/safeguarding/

Additional considerations for the emergency supply of phenobarbitone or schedule 4 or 5 controlled drugs:

- If the emergency supply is for a schedule 4 or 5 Controlled Drug the maximum quantity that can be supplied is up to a maximum of 5 days if it is clinically appropriate to do so
- Assess the risk of supplying or not supplying the medication based on the information you have available at the time
- Assess the risk of the patient using the service to inappropriately obtain additional supplies
- Always check the patient's GM Care Record (GMCR) National Care Record to obtain the date of the last prescription. This should help you to identify whether the patient should still have any supplies remaining or flag an alert you need to be aware of

Controlled Drugs

- Medicines such as dihydrocodeine and codeine containing products (including co-codamol) are Schedule 5 CDs
- Medicines such as benzodiazepines (apart from temazepam), zopiclone and zolpidem are Schedule 4 CDs
- Gabapentin, pregabalin and temazepam are Schedule 3 CDs and therefore cannot be supplied via the service
- The Human Medicines Regulations limits the supply to five days for CDs, such as phenobarbitone or phenobarbital sodium for the treatment of epilepsy, Schedule 4

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Additional considerations for repeated requests or suspected drug-seeking behaviour:

- Pharmacists should remain alert to patterns of behaviour that may indicate inappropriate attempts to obtain medicines through repeated emergency supply requests.
- **Indicators that may warrant further assessment include:**
  - Frequent requests for emergency supplies
  - Requests for high-risk medicines or medicines liable to misuse, dependence, or diversion
  - Inconsistent explanations regarding lost, stolen, or unavailable medicines
  - Requests made at multiple pharmacies or outside normal prescribing patterns
  - Resistance to alternative options such as contacting the GP practice or OOH provider
- **Particular caution should be exercised when requests involve:**
  - Opioids (Schedule 4 & 5)
  - Benzodiazepines or Z-drugs
  - Sedating antihistamines
  - Medicines commonly associated with misuse or dependency
- Pharmacists should review the patient's National Care Record and any available dispensing history to support clinical decision-making
- Where concerns exist, pharmacists should balance the clinical risk of non-supply against the potential risk of misuse, dependency, overdose, or diversion
- If supply is considered inappropriate, the rationale should be documented clearly, including any safeguarding concerns, advice provided, and onward referral to the patient's GP or the out of hours service. **Note:** Patients should not be escalated to NHS111 or told to contact NHS111 themselves
- Repeated or concerning presentations may require escalation in line with local safeguarding procedures or communication with the patient's GP practice

Support and Resources

- **Community Pharmacy Greater Manchester:** enquiries@cpgm.org.uk
- **Community Pharmacy England**: https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/
- **Community Pharmacy England:** https://cpe.org.uk/wp-content/uploads/2026/02/Briefing-002.26-PF-Urgent-supply-of-medicines-and-appliances.pdf
- **Royal College of Pharmacy:** https://www.rcpharm.org/pharmacy-guides/emergency-supply/
- **Find out more about the GMCR:** https://greatermanchester.communitypharmacy.org.uk/gm-care-record-2/

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